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Weekly Bulletin

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Vol. XVII, No. 15 May 7, 1938 GUY P. JONES
EDITOR

Is Cancer on the Increase?

By Louis I. Dublin, Ph.D.

The cancer situation in the United States is serious but not alarming. I can assure you that this is true despite the ever growing number of cancer deaths each year and the fact that about half a million persons in our country are suffering from this disease. The gruesome nature of cancer, the long duration of illness, the amount of suffering it entails, and the high cost of medical and nursing care that are necessary have made a deep impression on the public mind. In many quarters an air of pessimism reigns and the fear is being expressed that the sums spent for cancer research and the highly organized campaign for its control have been without result.

What justification is there really for this pessimism? I can say with certainty that conditions are not nearly as bad as they seem and that the outlook for the future is much brighter than the crude statistics seem to indicate. Careful studies conducted by leading governmental agencies and by certain life insurance companies show that actually there has been little if any increase in cancer mortality in the last 25 years regardless of the ever growing number of such deaths.

To begin with, if the number of cancer deaths has been increasing, so has the population. Furthermore, the population has been growing in an unusual way. The tendency of married couples during recent decades to limit the number of their off-spring has resulted in a rapidly declining proportion of young people. Our revised immigration laws are keeping out large numbers of young, healthy adults from abroad who previously swelled the population in the reproductive ages. The public health movement has, furthermore, been most successful against the diseases and infections of infancy, childhood and young adulthood. The result has been to increase the proportion of older people in the general population. Each recent census has shown this increasingly. Since cancer is a disease which is largely concentrated among older persons, the field for its ravages has been greatly broadened during recent years. In other words, each of us must eventually succumb to some malady, infection, or form of violence; if we escape the onslaughts of communicable disease and the hazards of violent death, we must expect to die of one or more of the degenerative diseases of later life. Any study of the trend of cancer mortality therefore must take into consideration this important factor of the increasing average age of our population. After we have corrected for the effects of age changes in the population, we find that the upward trend of crude cancer mortality rates very largely disappears.

Another very important cause of the apparent increase in cancer is the great improvement in diagnostic skill during recent decades. Throughout the country, public and private facilities for the discovery, recognition and treatment of cases have increased enormously since the cancer campaign was first initiated. Under the stimulus of the American Medical Association and of the more specialized societies of cancer experts, cancer education and research has been encouraged and a large number of physicians have been trained to diagnose and treat cancer cases far more effectively than was possible only a few years ago. Today there are over 200 special cancer centers which measure up to the standards of equipment and trained personnel established by the American College of Surgeons. In additon to all this the education of the public has progressed to the point where persons are becoming cancer conscious and are much more inclined today to seek medical advice regarding suspicious lumps, sores which fail to heal, and other conditons characteristic or suggestive of the disease than was the practice in former years.

An ever increasing number of cancer cases are, as a result, coming to the attention of physicians, and with their improved diagnostic facilities, they can much more readily determine the presence of the disease. The particular manner in which improved diagnosis has affected the trend of cancer mortality is revealed by a careful study made by my office. Our figures show first of all that the rise in cancer mortality among white persons during the past 25 years has been confined altogether to males. Among white females at ages 1 to 74 the cancer death rate has actually decreased slightly during this period. Secondly, it appears that the cancers which have increased during recent years are those which have developed in sites or organs relatively inaccessible. Among these so-called inaccessible cancers are included cancer of the lungs, stomach, and liver, intestines, peritoneum and certain of the female genital organs. Cancers in wholly visible sites, on the contrary, such as those of the mouth cavity (jaws, lip, tonsils, and tongue) of the rectum and anus and of the breast, skin and certain of the female genital organs have almost without exception shown a decrease.

As everyone now knows, the successful treatment of cancer depends almost entirely upon its being begun at an early stage of the disease before the growth has begun to break down and spread through the blood and lymph streams to other parts of the body. Needless to say, cancers which appear on the surface of the body or in other parts which are easily accessible to examination are much more likely to be discovered and correctly diagnosed and treated than are those which develop in the internal organs. Since about 50 per cent of all fatal cancers in women are of the accessible type and only 20 per cent of cancers in men are of this order, it is easy to understand why the disease has declined among females while it has increased among men. Improvements in treatment and much increased medical facilities have helped to reduce cancer deaths among women; among men the new diagnostic methods have operated principally in bringing to light a larger number of cases, the majority of which, when discovered, have already progressed, because they were internal, beyond the stage of much medical relief.

Two notable exceptions to those rules are to be noted. First is the slight increase in the deaths from cancer of the breast and second, a corresponding decline in the mortality from cancer of the stomach, liver and gall bladder among women. In my opinion, these apparent anomalies also owe their rise entirely to present day changes in medical diagnosis. At a certain stage in its development the cancerous growth begins to cast off individual cells. These cells when carried by the blood to other parts of the body (metastasis) do not assume new identities in keeping with their new locations but continue to retain the special characteristics of the original growth. If, for example, a breast cancer cell migrates to the liver and there begins to multiply and form a new growth it does not become a typical cancer of the liver but remains an easily recognized cancer of the breast. In former years it was generally the practice to ascribe such deaths to cancer of the organ to which the disease had spread whereas present day procedure favors assigning it to the original site of the cancerous growth. In this way, many cancer deaths which were formerly attributed to cancer of the stomach, liver, or gall bladder are now more properly charged to cancer of the breast. The present day reversal of this diagnostic process tends to increase the number of breast cancers and to decrease those of the digestive tract.

To sum up, the cancer situation is far brighter than the ordinary citizen has been led to believe. In relation to the number of people over 45 years of age, there is no sound reason for believing that cancer is any more prevalent today than it ever was. What increase can not be explained in this way is largely due to improved diagnostic technique or to changes in statistical practice.

Furthermore, the outlook for the future is very promising. Contrary to the usual lay opinion, cancer is far from being an incurable disease. During the three years 1932-1937, inclusive, the American College of Surgeons collected data on 29,000 patients living five or more years after treatment without recurring symptoms of the disease. On this basis, they claim that about 70 per cent of all cancers of the breast, if operated upon before metastasis has set in, can be successfully treated. Competent authorities estimate that 95 per cent of skin cancers are curable. Even cancer of the stomach can be cured in a percentage of cases if taken in time. In fact, surgeons declare that enough knowledge is now available to make possible an appreciable reduction in cancer mortality, if in all cases diagnosis were prompt and a high grade of medical treatment were available on a nation-wide scale.

(Continued in next issue)

PUBLIC HEALTH NURSING CONFERENCES

Conferences of public health nurses held last winter in various cities of the state were eminently successful. The subject of venereal disease control was the theme of each conference. A total of 452 persons attended the nine sessions, of which number 329 were public health nurses.

A new series of conferences on the tuberculosis program have been arranged by Rena Haig, R.N., Chief of the Division of Public Health Nursing, of the State Department of Public Health, in cooperation with the California Tuberculosis Association. Meetings will be held at the following places:

May 31 ------------------------------ San Jose
June 1 ------------------------------ Santa Rosa
June 2 ------------------------------ Sacramento
June 4 ------------------------------ Fresno
June 6 ------------------------------ Bakersfield
June 7 ------------------------------ Santa Barbara
June 9 ------------------------------ Santa Ana
June 10 ------------------------------ San Diego
June 11 ------------------------------ Los Angeles
June 13 ------------------------------ San Francisco

At the morning session a tuberculosis clinician will present the medical aspects of the tuberculosis problem. Miss Fannie Eshleman, Supervisor of Nurses, of the Henry Phipps Institute of Philadelphia, will lead the discussions of the part of the public health nurse in the tuberculosis program at the afternoon sessions. While the programs are planned primarily for public health nurses, other interested nurses, physicians and lay persons are invited.

NEW HEALTH OFFICER IN YOLO

Dr. John Raffety of Berkeley became health officer of Yolo County on May 2, replacing Dr. E. M. Bingham, who has become health officer of San Luis Obispo County.

SUMMER SESSION COURSES

At the University of California Intersession at Berkeley May 16 to June 24, Dr. Alvin Powell and Miss Ruth W. Hay, P. H. N., will give a course in Public Health Administration. Dr. John N. Force and Miss Hay will give a course in Communicable Diseases.

At the Summer Session, June 27 to August 5, the following courses in nursing education will be given:

Principles of Health Teaching for Nurses. Miss Margaret Blee.

Principles and Practice in Public Health Nursing. Miss Ellen Buell, Director, Department of Public Health Nursing, the College of Medicine of Syracuse University, and Miss Blee.

Administration and Organization of Public Health Nursing. Miss Buell and Miss Blee.

Under Education, the following courses will be given:

Introduction to Educational Psychology. Graham C. Loofbourow.

Growth and Development of the Child. Winifred E. Bain.

Administration of the School Health Program. Dr. Alvin Powell.

Eye Health of the School Child. Anette M. Phelan.

Education and Social Change. Eduard C. Lindeman.

At the University of California at Los Angeles, John N. Washburne, Ph.D., Associate Professor of Education, Syracuse University, will give a course entitled "Growth and Development of the Child" in the summer session from June 22 to August 5. Ira V. Hiscock, M.A., C.P.H., Professor of Public Health, Yale University, will give a course entitled "Administration of the School Health Program and also a course entitled "Public Health and Preventive Medicine." Helen D. Halversen, P.H.N., will give a course entitled "Principles and Practice of Public Health Nursing." Ruth Endicott Lewis, M.S.S., assistant professor of the department of Social Work, Washington University, St. Louis, will give a course entitled "Social Case Work as Related to Public Health Nursing." Many other courses in home economics, psychology and sociology will be given in the summer sessions.

MORBIDITY

Complete Reports for Following Diseases for Week Ending April 30, 1938

Chickenpox

1288 cases: Alameda County 8, Alameda 4, Albany 17, Berkeley 24, Oakland 68, San Leandro 3, Butte County 4, Contra Costa County 16, Pittsburg 2, Fresno County 34, Fresno 31, Kern County 12, Taft 5, Hanford 3, Los Angeles County 156, Alhambra 13, Burbank 21, Compton 10, Covina 2, Culver City 13, El Monte 2, El Segundo 12, Glendale 31, Inglewood 2, La

Verne 3, Long Beach 40, Los Angeles 166, Manhattan 5, Monrovia 9, Montebello 3, Pasadena 13, Pomona 1, Redondo 12, San Fernando 1, San Gabriel 4, San Marino 1, Santa Monica 19, Sierra Madre 1, Hawthorne 2, South Gate 1, Monterey Park 2, Bell 4, Gardena 4, Madera County 1, Madera 5, Merced County 3, Monterey County 6, King County 2, Salinas 1, Orange County 8, Anaheim 1, Fullerton 2, Orange 1, Santa Ana 16, Seal Beach 1, La Habra 2, San Clemente 1, Roseville 15, Riverside County 1, Blythe 3, Riverside 11, Sacramento County 2, Sacramento 38, North Sacramento 4, San Bernardino County 21, Ontario 1, Redlands 2, San Bernardino 2, San Diego County 5, Coronado 10, El Cajon 7, National City 3, San Diego 44, San Francisco 122, San Joaquin County 20, Stockton 21, San Luis Obispo 3, Daly City 8, Santa Barbara County 3, Santa Barbara 15, Santa Maria 4, Santa Clara County 5, Palo Alto 1, San Jose 3, Vallejo 1, Stanislaus County 4, Modesto 26, Turlock 1, Tehama County 10, Tulare County 4, Exeter 4, Tulare 1, Ventura County 6, Santa Paula 20, Ventura 1, Ojai 1, Marysville 1.

Diphtheria

31 cases: Lake County 4, Los Angeles 11, Redondo 1, San Gabriel 2, Signal Hill 1, Bell 1, Merced County 1, Beaumont 1, Sacramento County 1, Sacramento 1, El Cajon 1, National City 1, San Diego 2, Sonoma County 1, Ventura County 2.

German Measles

55 cases: Alameda 1, Berkeley 3, Fresno County 3, Kern County 1, Arcadia 1, Long Beach 4, Los Angeles 10, Anaheim 1, Huntington Beach 1, Santa Ana 2, Riverside County 2, Riverside 1, San Bernardino County 2, San Diego County 1, San Diego 2, San Francisco 17, Stockton 1, Santa Clara County 1, Palo Alto 1.

Influenza

43 cases: Oakland 1, Los Angeles 14, Redondo 1, Santa Monica 1, Bell 1, Merced County 4, Orange County 2, Roseville 7, Sacramento County 1, San Francisco 3, San Luis Obispo 1, Sonoma County 1, Stanislaus County 2, Tuolumne County 2, Marysville 2.

Malaria

2 cases: Kern County 1, Los Angeles 1.

Measles

870 cases: Berkeley 1, Oakland 2, Butte County 14, Contra Costa County 3, Fresno County 66, Fresno 2, Orland 23, Brawley 2, Kern County 106, Bakersfield 34, Delano 10, Hanford 6, Susanville 1, Los Angeles County 3, Claremont 1, Culver City 1, Hermosa 1, La Verne 10, Long Beach 8, Los Angeles 59, Pasadena 6, Pomona 27, San Gabriel 1, San Marino 1, Madera County 15, Merced County 14, Orange County 32, Anaheim 6, Brea 1, Huntington Beach 2, Orange 1, Santa Ana 4, Placentia 1, Riverside County 21, Blythe 16, Riverside 22, Sacramento 35, San Bernardino County 22, Ontario 3, Redlands 1, San Bernardino 13, San Diego County 9, El Cajon 1, La Mesa 4, National City 12, San Diego 105, San Francisco 3, San Joaquin County 2, Manteca 1, Stockton 3, San Jose 2, Stanislaus County 9, Modesto 7, Turlock 2, Tulare County 20, Ventura County 23, Oxnard 3, Santa Paula 63, Ventura 1, Marysville 3.

Mumps

784 cases: Alameda County 1, Alameda 8, Berkeley 3, Hayward 1, Livermore 1, Oakland 33, San Leandro 6, Contra Costa County 15, Fresno County 43, Fresno 25, Sanger 24, Selma 1, Kern County 29, Bakersfield 4, Los Angeles County 37, Alhambra 4, Arcadia 1, Burbank 1, Compton 3, Culver City 1, El Monte 7, El Segundo 1, Glendale 11, Huntington Park 2, Inglewood 2, Long Beach 7, Los Angeles 42, Monrovia 3, Montebello 2, Pomona 18, Redondo 1, Santa Monica 11, South Gate 1, Maywood 1, Madera County 6, Merced County 6, Gustine 8, Monterey County 3, Napa County 14, Calistoga 2, Napa 2, Orange County 16, Anaheim 3, Santa Ana 9, Roseville 5, Sacramento County 1, Sacramento 32, North Sacramento 1, San Diego County 32, El Cajon 1, Escondido 3, La Mesa 4, National City 6, Oceanside 2, San Diego 14, San Francisco 77, San Joaquin County 3, Stockton 3, San Luis Obispo 1, Burlingame 1, Daly City 1, Santa Barbara County 2, Santa Barbara 3, Santa Maria 1, Santa Clara County 52, Mountain View 1, San Jose 52, Santa Clara 1, Sunnyvale 2, Santa Cruz 3, Stanislaus County 12, Modesto 9, Turlock 3, Tulare County 30, Ventura County 2, Santa Paula 3, Yolo County 2.

Pneumonia (Lobar)

49 cases: Kern County 1, Los Angeles County 4, Azusa 1, Glendale 2, Hermosa 1, Inglewood 1, Long Beach 1, Los Angeles 22, Monrovia 1, Santa Monica 2, Monterey Park 1, Brea 1, Riverside County 1, Sacramento 2, San Diego County 2, San Diego 1, San Francisco 3, Lompoc 1.

Scarlet Fever

230 cases: Alameda County 3, Alameda 4, Albany 3, Oakland 6, Amador County 1, Butte County 1, Pinole 1, Pittsburg 3, Richmond 6, Fresno County 14, Kern County 5, Hanford 3, Susanville 2, Los Angeles County 20, Alhambra 2, Compton 3, Glendale 5, Long Beach 8, Los Angeles 49, Pasadena 1, Santa Monica 1, South Gate 1, Bell 2, Marin County 1, Monterey 2, Nevada County 1, Orange County 5, Brea 1, Santa Ana 1, Tustin 1, Riverside County 2, Riverside 1, Sacramento County 6, Sacramento 2, San Bernardino County 1, Ontario 4, San Diego County 3, El Cajon 1, San Diego 5, San Francisco 23, San Joaquin County 2, Tracy 1, San Bruno 1, Santa Barbara 1, San Jose 2, Santa Cruz County 2, Redding 1, Yreka 2, Fairfield 2, Suisun 2, Modesto 1, Tulare County 1, Tulare 1, Ventura County 4, Santa Paula 1, Ventura 1, Ojai 1.

Smallpox

31 cases: Fresno County 1, Selma 1, Kern County 3, Delano 1, Los Angeles County 2, Los Angeles 1, Monterey Park 1, Madera County 1, Merced County 2, Merced 1, Orange County 1, Santa Ana 1, San Bernardino 1, Santa Barbara County 1, Tulare County 7, Exeter 4, California 2.*

Typhoid Fever

6 cases: Pasadena 2, Orange County 1, Roseville 1, Riverside County 1, Santa Barbara County 1.

Whooping Cough

673 cases: Alameda County 12, Alameda 14, Albany 2, Berkeley 8, Oakland 64, Piedmont 5, San Leandro 7, Contra Costa County 3, El Cerrito 4, Richmond 10, Walnut Creek 3, Fresno County 12, Fresno 2, Kern County 11, Bakersfield 1, Taft 1, Los Angeles County 19, Alhambra 9, Compton 1, Glendale 3, Huntington Park 1, Long Beach 3, Los Angeles 12, Montebello 1, Pasadena 5, Pomona 5, Santa Monica 4, South Gate 7, Madera County 1, Madera 4, San Anselmo 1, San Rafael 16, Monterey County 1, Salinas 2, Orange County 2, Anaheim 1, Fullerton 2, Santa Ana 1, Roseville 1, Riverside 1, Sacramento County 2, Sacramento 64, North Sacramento 2, San Bernardino County 16, San Bernardino 1, San Diego County 53, Coronado 1, Escondido 7, La Mesa 1, National City 4, San Diego 34, San Francisco 85, San Joaquin County 37, Lodi 4, Manteca 1, Stockton 26, Paso Robles 1, San Mateo County 11, Daly City 8, Menlo Park 5, Santa Clara County 2, Palo Alto 6, San Jose 2, Santa Clara 2, Fairfield 10, Sonoma County 1, Stanislaus County 3, Modesto 1, Turlock 7, Red Bluff 1, Tuolumne County 1, Santa Paula 6, Yolo County 5, Davis 1.

Meningitis (Epidemic)

One case: Los Angeles.

Dysentery (Amoebic)

3 cases: Los Angeles 2, Stockton 1.

Dysentery (Bacillary)

3 cases: Los Angeles.

Pellagra

2 cases: Los Angeles.

Tetanus

3 cases: Los Angeles County 1, San Diego 1, Santa Paula 1.

Trachoma

2 cases: Kern County 1, San Francisco 1.

Encephalitis (Epidemic)

One case: San Leandro.

Trichinosis

One case: San Anselmo.

Typhus Fever

One case: Los Angeles.

Jaundice (Epidemic)

8 cases: San Joaquin County.

Food Poisoning

5 cases: Los Angeles 2, San Mateo County 3.

Undulant Fever

2 cases: Sacramento 1, San Luis Obispo 1.

Tularemia

One case: Tulare County.

Septic Sore Throat

2 cases: Daly City 1, Santa Barbara 1.

Rabies (Animal)

30 cases: Fresno County 1, Kern County 1, Kings County 1, Los Angeles County 10, Burbank 1, Los Angeles 12, Santa Monica 1, Torrance 1, Riverside County 1, Sacramento 1.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the Disease. These cases are not chargeable to any one locality.

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